



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400031

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **PONTOOSUC LAKE COUNTRY CLUB INC.**

DOING BUSINESS AS

ADDRESS **KIRKWOOD DR.**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **MOXON, JEFFREY** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

**C.**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**ONE FLOOR 5 ROOM FRAME BUILDING. NO CELLAR.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400093

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BERKSHIRE COUNTY SOFTBALL COMPLEX, INC.**

DOING BUSINESS AS

ADDRESS **1789 EAST STREET**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **BRIDGES, R  
JAMES**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**2ND FL, MEETING ROOM, 1ST FLOOR REST, STORAGE, CONCESSION BAR AREA, GRANDSTAND.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400128

CITY OR TOWN PITTSFIELD

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JK HEALEY INC

DOING BUSINESS A WEST END PACKAGE & VARIETY

ADDRESS 1575 WEST HOUSATONIC ST

CITY/TOWN: PITTSFIELD

STATE: MA

ZIP CODE: 01201

MANAGER: HEALEY, KELLY TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
M

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 STORY BLDG.,STORAGE SPACE APPROX.900 SSQ. FT. DOUBL GLASS ENTRANCE/EXIT FACING W.  
HOUSATONIC STREET,2ND EXIT ON EAST SIDE OF BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400152

CITY OR TOWN PITTSFIELD

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COSTANZO'S INC.

DOING BUSINESS AS COSTANZO

ADDRESS 180 ONOTA ST

CITY/TOWN: PITTSFIELD

STATE: MA

ZIP CODE: 01201

MANAGER: COSTANZO,  
ANTHONY

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2100 SQ FT GROUND LEVEL FRONT ENTRANCE AND EXIT, BASEMENT EQUAL SIZE WITH REAR  
ENTRANCE AND EXIT

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400155

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ESV, INC**

DOING BUSINESS AS **EAST STREET VIDEO & VARIETY**

ADDRESS **10 LYMAN ST**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **TURNER, DONALD** TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**12X12 WALK IN COOLER, MAIN ENTRANCE ON VARIETY SIDE EMERGENCY EXIT**

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400156

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **DALTON AVE VARIETY INC.**

DOING BUSINESS AS **DALTON AVENUE VARIETY**

ADDRESS **71 DALTON AVE**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **SHAH, PIYUSH**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**650 SQ FT STOREFRONT, TWO ENTRANCES AND EXITS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400163

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **GRAND BUFFET STAR, INC**

DOING BUSINESS AS

ADDRESS **5 CHESHIRE RD**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **ZHENG, YI J.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**SINGLE STORY 148 CAPACITY RESTAURANT APPROX 30'X90' FRONT/REAR ENTRANCE/EXIT.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400167

CITY OR TOWN PITTSFIELD

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ZENNER'S PACKAGE & VARIETY, INC

DOING BUSINESS AS

ADDRESS 307 TYLER ST

CITY/TOWN: PITTSFIELD

STATE: MA

ZIP CODE: 01201

MANAGER: GIAN,

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

CHRISTOPHER C.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY VARIETY STORE, FRONT ROOM SERVES AS STORE AND DELI ANNEX. STORAGE IN REAR, TWO ENTRANCES AND EXITS IN FRONT, ONE ENTRANCE AND EXIT IN REAR STORAGE ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400168

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **MRM HOSPITALITY LLC**

DOING BUSINESS AS **SAMEL'S DELI AND CATERING**

ADDRESS **115 ELM ST**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **ROLLER, GARY M.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**SINGLE STORY RESTAURANT, FRONT/REAR ENTRANCES/EXITS. REAR PARKING WITH LIGHTING**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400169

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **APOSTOLOS RESTAURANT, INC**

DOING BUSINESS AS **PAUL'S RESTAURANT & PIZZA**

ADDRESS **157 SEYMOUR ST**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **PARASTATIDIS, ELLENE A.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**DINING ROOM, 2 KITCHENS, 2 ENTRANCES AND EXITS SIDE WALK CAFE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

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By:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400177

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **MIGUEL A. GOMEZ AND LILIANA C. GOMEZ**

DOING BUSINESS AS **LA FOGATA RESTAURANT**

ADDRESS **770 TYLER STREET**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **GOMEZ, MIGUEL** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

**A.**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**SINGLE STORY REST., MAIN ENTRANCE/EXIT, 2 EMERGENCY EXITS, STORAGE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400179

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **S & G VARIETY LLC**

DOING BUSINESS AS **SEAN'S VARIETY**

ADDRESS **01245 HOUSATONIC STREET**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **PRESTON, GARY** TYPE OF LICENSE: **Package Store** CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400182

CITY OR TOWN PITTSFIELD

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PIYUSH R. SHAH

DOING BUSINESS A ELM STREET GETTY

ADDRESS 155 ELM STREET

CITY/TOWN: PITTSFIELD

STATE: MA

ZIP CODE: 01201

MANAGER: SHAH, PIYUSH R. TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY RETAIL AREA APPROX. 610 S/F W/ BACK STORAGE ROOM, MAIN ENTRANCE/EXIT,  
TWO EMERGENCY REAR EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400185

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BARRINGTON STAGE COMPANY INC**

DOING BUSINESS AS

ADDRESS **30 UNION STREET**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **WILSON, TRISTAN** TYPE OF LICENSE: **General on  
premise**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**THEATER LOBBY WITH CONCESSIONS, MAIN ENTRANCE/EXITS TO UNION ST.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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DISAPPROVED: ☐

(If disapproved explain)

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*The Commonwealth of Massachusetts*  
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239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400188

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **KRUNAL CORPORATION**

DOING BUSINESS AS **KIRK'S VARIETY & HOBBY STORE**

ADDRESS **784 TYLER STREET**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **DIPAK SEAN**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**APPROX.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400195

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **Barrington Stage Company Inc**

DOING BUSINESS AS **Barrington Stage Company Stage 2**

ADDRESS **36A Linden St**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **WILSON, TRISTAN** TYPE OF LICENSE: **General on  
premise**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**3 entrances and exits on street level. Main floor has 5 rooms, including a bar, dining room and kitchen**

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400197

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BURRITO GRANDE,LLC.**

DOING BUSINESS AS **HOT HARRY'S FRESH BURRITOS**

ADDRESS **37 NORTH STREET**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **ABDALLAH,SAMI** TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**1 FLOOR,DINING ROOM,KITCHEN,2 BATHROOMS.80 PERSON SEATING CAPACITY,REAR DELIVERY  
ENTRANCE WITH EXITS/ENTRANCES ON THE EAST & WEST SIDES OF THE BUILDING.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400202

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **EFFENDIS,LLC**

DOING BUSINESS AS

ADDRESS **1206 NORTH STREET**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **RICHARD,JOSEPH** TYPE OF LICENSE: **Restaurant**  
**A.**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**A RESTAURANT WITH ONE DINING ROOM & KITCHEN. MAIN IN FRONT WITH EXITS/EGRESSES ON LEFT OF THE BUILDING.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400204

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **WOHRLE'S FOODS INC.**

DOING BUSINESS AS

ADDRESS **1619 EAST STREET**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **KESSLER, LYNN**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**5200 S.F. RETAIL BUILDING WITH FRONT MAIN ENTRANCE AND REAR EXIT/EGRESS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400205

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **MRM HOSPITALITY LLC**

DOING BUSINESS AS

ADDRESS **105 WAHCONAH ST**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **ROLLER, GARY M.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**BASEBALL PARK WITH CONCESSION STANDS. MAIN ENTRANCE AND EXITS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400207

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **YASHITA LLC**

DOING BUSINESS AS **AROMA BAR & GRILL**

ADDRESS **5 CHESHIRE ROAD**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **CHAHAL,**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

**BARINDER KAUR**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**108 SEAT DINING ROOM WITH A SMALL BANQUET ROOM; SEATING 20**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 097400208

CITY OR TOWN **PITTSFIELD**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **DESIDERATA PACKAGED GOODS, LLC**

DOING BUSINESS AS **WHEELER'S VARIETY**

ADDRESS **1654 NORTH ST**

CITY/TOWN: **PITTSFIELD**

STATE: **MA**

ZIP CODE: **01201**

MANAGER: **BABICH,  
GREGORY**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**ONE FLOOR WITH CELLAR FOR STORAGE. FRONT AND SIDE ENTRANCES/EXITS AND GARAGE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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